

**STANDARD INSURANCE COMPANY'S EVIDENCE REPORTING SYSTEM
&
ONLINE ENROLLMENT & ELIGIBILITY SYSTEM**

SECURITY ACCESS REQUEST & STATEMENT OF COMPLIANCE

I request access to the following (check one or both as appropriate):

- The Online Enrollment & Eligibility System (Benefitsolver)
- Standard Insurance Company's Evidence Reporting System

- I understand that the information contained in the system(s) to which I will gain access is confidential and is to be used only for official state business purposes.
- I understand that I must protect such information and not share it with any person who does not have an official business reason for having the information. Should I have questions regarding the proper handling and disclosure of confidential or sensitive information, I will immediately notify my supervisor or official records custodian for further clarification and direction prior to releasing the information.
- I will not share my user ID or my password with others. Sharing user IDs and passwords may result in revocation of system access. Separation from the State of Colorado or moving to a position where system access is not required in order to perform my job responsibilities will terminate my access.

I have read, understand, and will conform to the above requirements.

Employee Name (Please print or type) _____

Employee Signature _____

Employee Signature Date _____ Dept. _____ ORG ID _____ Phone # _____

Email Address _____ Fax # _____

Benefit Administrator's Name (Please print or type) _____

Benefit Administrator's Approval _____ Date _____

FAX REQUEST TO (303) 866-3879
Retain original for your files.

DO NOT WRITE BELOW THIS LINE – BENEFITS USE ONLY	
STANDARD INSURANCE COMPANY'S EVIDENCE REPORTING SYSTEM	ONLINE ENROLLMENT & ELIGIBILITY SYSTEM
LOGIN	LOGIN
PASSWORD	PASSWORD
DATE/INITIAL	DATE/INITIAL